

**Bureau of HIV & STD Prevention**  
**HIV/STD Health Resources Division**  
**Field Operations Branch**

Est. December 31, 1996

Rev. June 17, 2003

FOP-900.002

## COMPLETING THE CONTRACTOR PRIORITY ASSESSMENT TOOL

### PURPOSE

A Contractor Priority Assessment Tool (PAT) will be completed for each HIV/STD contractor following each program compliance site visit in conjunction with the development of the site visit report. The resulting rating is an assessment of the contractor to provide guidance in determining when future site visits are to be conducted. The PAT rating becomes effective (retroactively) on the last day of the site visit.

### HOW TO OBTAIN A PAT

The PAT is maintained in the Word file **G:\TOOLS\PATPROC.DOC** or can be downloaded from the web at **[www.tdh.state.tx.us/HIVSTD/fieldops/default.htm](http://www.tdh.state.tx.us/HIVSTD/fieldops/default.htm)**. It is a read-only protected file that must be printed or copied to your personal directory for completion.

### COMPLETING THE PAT COVER PAGE

The PAT cover page contains comprehensive contract information and is completed for each contract attachment reviewed during the site visit.

**File Name:** After completing the PAT, the Word file is copied to the appropriate directory as determined by the scope of work:

- S:\PAT\PREV\ *contractor acronym02.doc*
- S:\PAT\SERVICES\ *contractor acronym02.doc\**
- S:\PAT\HOPWA\ *contractor acronym02.doc*
- S:\PAT\STD\ *contractor acronym02.doc*

\*Ryan White and State Services

Using the contractor acronym list followed by the last two digits of the current year to name the file. This list is maintained by the Grants and Contracts (G&C) Branch.

**Other Party (OP):** Enter the complete legal name of the contractor being assessed. No acronyms may be used. This information is located in their application for funding or if an existing contractor, in Contractor Information System (CIS).

**Location of OP Headquarters:** Enter the city of the contractor's administrative offices. This information is located in their application for funding or if an existing contractor, in Contractor Information System (CIS).

**Region:** Enter the public health region in which the contractor is located. This information is located in their application for funding or if an existing contractor, in CIS.

**Lead Monitor:** Enter the name of the lead monitor who conducted the site visit and is the contact person regarding the information included in the PAT.

**Contracts:** Identify all current or pending contracts the HIV/STD Health Resources Division has with this contractor. This information can be found in the CIS.

**TDH Document #:** Enter the TDH document number for each current and/or pending contract identified. If a pending document does not have a number assigned, enter pending. This information can be found in CIS.

**Contract Amount:** Enter the total amount of each contract identified. This information can be found in CIS.

**Last FO Review:** Enter the date (month, first day, and year) of the last program review by Field Operations.

**Last CS Review:** Enter the date of the last clinical services review. If this entity has been reviewed by the Clinical Services (CS) Section, this information can be found in the G/C Branch monitoring files, or obtained from CS staff. If not, skip this item.

**OP Contact:** Enter name of program contact person, at the OP, specific to the scope of work that was assessed.

**Title:** Enter title of program contact person.

**Phone: Ext: Email:** Enter the telephone number, telephone extension, and email address of the program contact person.

**OP Additional Contact: Title: Phone: Ext.: Email:** Enter additional information if available.

**Review Type:** Programmatic or Fiscal (Programmatic should already be indicated.)

**Review Scope:** Indicate whether the review was onsite or a desk audit.

**Follow-up:** If the review is a follow-up of a previous review, check YES, if not, check NO.

## **COMPLETING THE PRIORITY ASSESSMENT TOOL, SPECIFIC TO THE SCOPE OF WORK**

The Priority Assessment Tool, Specific to the Scope of Work, is the second and third page of the PAT. These pages are to be completed for each contract reviewed. This information should be completed based upon the most current program compliance site visit, the resulting site visit report, and other documentation found within this office.

**OP:** Enter legal name of Other Party (OP) or contractor.

**Scope of Work:** Enter the scope of work (SOW) for the contract being assessed. This information is located in CIS.

**Priority Rating:** This is the rating determined after completion of this tool.

**Sanction Level:** This is the sanction level assigned after completing the site visit report.

**PAT Completed By:** Enter your name.

**Date:** Enter the date of the completed assessment.

### **STANDARDS**

- 1. The contractor has submitted a Plan of Action by the due date if required by the previous site visit report.**

Responses to site visit reports are located in the G/C Branch monitoring files. Mark YES, NO, or N/A.

- 2. The contractor submits program reports by the due date.**

This information is located in CIS. Select Narrative on the first menu. A report is considered submitted on time if it is received on the third working day after a due date. Mark YES, NO, or N/A.

- 3. The contractor's program reports are complete and free from a pattern of obvious errors.**

Program reports are maintained in the G/C Branch contract files and a copy was routed to the program consultant or team leader for that region. Mark YES, NO, or N/A.

- 4. The contractor complies with requirements for budget revisions and equipment purchases in a timely manner.**

Institutional Prior Approvals (IPAs) and related correspondence to and from contractors can be located in the G/C Branch contract files. Mark YES, NO, or N/A.

- 5. The contractor has been operating in the program for more than 12 months.**

This information can be located in the G/C Branch contract files, CIS, or application for funding. Mark YES, NO, or N/A.

- 6. The contractor has reasonable and achievable objectives which are neither over nor under-projected.**

Objectives are located in the G/C Branch contract files or the application for funding. Mark YES, NO, or N/A.

- 7. The contractor is free from complaints filed against it with TDH.**

A list of contractors with pending complaints is available from the FO Manager or Assistant Manager. Mark YES, NO, or N/A.

- 8. The current site visit report reflects 0-3 minor\* findings.**

Use the current site visit report developed in conjunction with this PAT. Monitoring team should be in consensus and use its own discretion when applying the terms "minor" and/or "critical" to report findings for the purpose of this PAT. Mark YES, NO, or N/A.

## **CRITICAL STANDARDS**

- 9. The contractor implemented its Plan of Action according to agreed upon time line identified in the previous site visit report or subsequent correspondence and was substantiated during the most current site visit.**

Responses to site visit reports and subsequent correspondence are filed in the G/C Branch monitoring files. Mark YES, NO, or N/A.

- 10. The contractor has been free from probationary status for the last 24 months.**

Mark YES, NO, or N/A.

- 11. The contractor's program reports indicate that the contractor is significantly on target for meeting stated objectives and this was substantiated during the most current site visit.**

Program reports are located in the G/C contract files and a copy routed to the program consultant or team leader for that region. Mark YES, NO, or N/A.

- 12. If complaints have been filed with TDH against the contractor, all were resolved in a timely manner.**

A list of contractors with complaints not resolved in a timely manner is available from the FO Manager or Assistant Manager. Mark YES, NO, or N/A.

- 13. Most current site visit did not result in critical\* findings that required immediate attention/action.**

Use the current site visit report developed in conjunction with this PAT. Monitoring team should be in consensus and use its own discretion when applying the terms "minor" and/or "critical" to report findings for the purpose of this PAT. Mark YES, NO, or N/A.

## **SCORING**

Tally the number of Yes and No answers in the **STANDARDS** section. Tally the number of Yes and No answers in the **CRITICAL STANDARDS** section. Following the instructions for scoring, assign a Priority Rating I, II, or III.

## **SANCTIONS**

Has contractor been imposed with a sanction? Enter Yes or No. Indicate the level and type of sanction imposed.

### **Additional staff comments and concerns regarding this contractor.**

Document comments or concerns you have regarding this contractor. Document reasons you may have for recommending an adjustment of the rating assigned above. Initial and date comments.

## **STAFF RECOMMENDATION**

### **Has appropriate Regional staff reviewed this recommendation?**

Route this document to appropriate regional staff for review prior to submitting to Field Operations Supervisor or Manager. Mark YES or NO. If no, explain in comment section.

### **The contractor is free from being identified as Priority I by the Grants Management Division.**

A list of Priority I contractors will be provided by GMD to FO Manager or Assistant Manager on a bi-monthly basis. If GMD's assessment impacts or supports your determination of priority level, mark YES or NO, and note this in the Scoring section provided for additional staff comments.

### **Staff member conducting assessment agrees with priority rating.**

Indicate whether you agree with this statement by marking YES or NO.

**Staff member conducting assessment recommends adjusting contractor rating from Priority \_\_\_\_ to \_\_\_\_ Priority \_\_\_\_ based on comments/concerns noted above.**

If you marked YES above, indicate in the blanks provided the change you support.

### **Field Operations Supervisor or Manager approves adjusting contractor rating.**

A FO supervisor or manager must review the recommendation above and mark YES or NO.  
**FO Supervisor or Manager must sign in space provided.**

## **WHAT TO DO WITH PAT WHEN COMPLETE**

After the Supervisor or Manager has signed the PAT, it is returned to the lead monitor and/or FO contact person who will copy the Word file to one of the S:\PAT directories, as reflected on page one; provide a

hard copy of the PAT to the Team Leader. The lead monitor and/or FO contact person will route the original PAT to the G/C Branch contract specialist who will enter the information in the CPS and the administrative technician will file the hard copy in the contractor's monitoring file along with the program site visit report that it was prepared in conjunction with.

The Team Leader will use this completed instrument to determine contractor site visit schedules for the team, according to the priority rating and sanction levels of each contract attachment. Proposed travel schedules are to be submitted to the Branch Manager. The schedule need not be date specific, but should indicate what month and year each contractor will be visited.

## REVISION

March 4, 2002

Pg. 1, line 9	Deleted the following line and all reminding text "PROCEDURE\FORMS\" to be replaced with "G:\TOOLS.DOC or can be downloaded from the web at <a href="http://www.tdh.state.tx.us/HIVSTD/fieldops/default.htm">www.tdh.state.tx.us/HIVSTD/fieldops/default.htm</a> .
Pg 1, line 14	Deleted the text "WordPerfect - (Perfect)"
Pg 1, line 16	Deleted the text "99.wpd" To be replaced with "02.doc"
Pg 1, line 17	Deleted the text "99.wpd" To be replaced with "02.doc"
Pg 1, line 18	Deleted the text "99.wpd" To be replaced with "02.doc"
Pg 1, line 19	Deleted the text "99.wpd" To be replaced with "02.doc"
Pg 4, line 9	Deleted the text from "FOPs-(Ps)"
Pg 4, line 9 & 10	Deleted the text "Field Operations Specialist" To be replaced with Assistant Manager"
Pg4, line 29	Deleted the text from "FOPs-(Ps)"
Pg4, line 30	Deleted the text "Field Operations Specialist" To be replaced with Assistant Manager"
Pg5, line 20	Deleted the text "Field Operations Specialist" To be replaced with "Assistant Manager"
Pg 6, line 5	Added after monitor "and/or contact person "
Pg 6, line 6	Deleted the text "WordPerfect - (Perfect)" also added "provide " in front of "a hard copy, etc."
Pg 6, line 12	Added after The "lead monitor and/or FO contact person will route the" also moved paragraph 12-14 behind the paragraph on line 5 and is now line 5-8.

MLP# ASSIGNED:

Que Date:

**PRIORITY ASSESSMENT TOOL  
(PAT) COVER PAGE  
HIV/STD HEALTH RESOURCES  
DIVISION**

PRIORITY RATING:

Sanction Level:

PAT Priority Rating Effective Date:  
(must be the last date of the most recent site visit)

FILE NAME:

Contractor:

Contractor Address:

Scope of Work Reviewed:

Contract Amount:

Document Number:

Planning Area:

Region(s):

Regional Coordinator(s):

Monitors	Name	Date of Next Visit	Date visit was completed
Clinical Services Division			
Data Evaluation			
Field Operations (Lead Monitor)			
Planning			
Other:			

## Contractor Contact Information

Agency Director

Phone Number

Email address

Program Contact

Phone Number

Email address

**NOTE: Priority Ratings and Sanction Levels are subject to change. Contact the Lead Monitor for more current information before**

**PRIORITY ASSESSMENT TOOL**  
**Specific to Scope of Work (SOW)**

Procedure: FOP-900.002

**PAT Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
basing important decisions on information contained in this document.

STANDARDS		YES	NO	N/A
1.	The contractor submitted a corrective action plan by the due date if required by the previous site visit report.			
2.	The contractor submits program reports and data by the due date.			
3.	The contractor's program reports and data are complete and accurate.			
4.	The contractor meets objectives and complies with contractual requirements as reflected in site visit tools, policies, procedures.			
5.	The contractor performs required oversight activities for staff and subcontractors.			
6.	The contractor has previously been monitored for this or other grants (applicable only to existing contractors).			
7.	The contractor is free from validated complaints within the last 24 months.			
CRITICAL STANDARDS		YES	NO	N/A
8.	The contractor implemented its Plan of Action according to the documented Bureau approved time line identified in the previous site visit report or subsequent correspondence. Corrective actions and improvements were substantiated during the most recent site visit.			
9.	The contractor has been free from TDH and other known state or federal sanctions for the last 24 months.			
10.	The contractor is on target in implementing the work plan.			
11.	The contractor is free from validated complaints regarding an immediate and/or serious threat to the health and safety of clients since the last review.			
CRITICAL CLINICAL STANDARDS		YES	NO	N/A
12.	The contractor assures that subcontractors meet the minimum standards for clinical services as contractually required.			
13.	The contractor assures that all subcontractors meet minimum standards for case management as contractually required.			
14.	The contractor assures a resource for HIV related primary care is available and accessible for all eligible clients.			
15.	The contractor assures that subcontractors who provide client care services for HIV and other sexually transmitted diseases funded under the RWII meet TDH policies on Child Abuse Screening, Documenting and Reporting.			

## SCORING PRIORITY RATINGS

### Priority I - Must be monitored within the next six (6) months:

- Contractors who are starting a new scope of work, OR
- Contractors who have three (3) or more No answers to Standards (1-7) above, OR
- Contractors who have one (1) or more No answers to Critical Standards (8-15) above.

### Priority II - Must be monitored within the next twelve (12) months:

- Contractors who have two (2) No answers to Standards (1-7) above

### Priority III - Must be monitored within the next twenty-four (24) months:

- Contractors with zero or one (0 or 1) No answers to Standards (1-7) above

Team Member	Justification for Priority Rating
Field Operations	
Planning	
Data Evaluation	
Clinical	
Other	

YES	NO	
		Staff member(s) conducting assessment agrees with Priority rating. If NO, staff member(s) conducting assessment recommends adjusting contractor rating from Priority _____ to Priority _____ based on comments/concerns noted below.

### Justification for change to the Priority Rating:

\_\_\_\_\_  
Signature of staff member(s) Manager

**SANCTIONS - (refer to HIV/STD Policy No. 540.001)**

**Has contractor been imposed with a sanction?**      Yes \_\_\_\_\_      No \_\_\_\_\_

**Date applied** \_\_\_\_\_      **Date released** \_\_\_\_\_

**Indicate the level and type of sanction imposed:**

**LEVEL I SANCTIONS**

- accelerated monitoring
- requiring the provider to accept technical/management assistance or training
- disallowing claims for payment or reimbursement on expenditures and expenditures for which prior approval was required but not obtained
- requiring additional, more detailed, programmatic reports
- requiring additional prior approvals for expenditure of funds, and/or
- referral to the TDH Grants Management Division or Internal Audit for monitoring

**LEVEL II SANCTIONS**

- probation for a time period specified by the Bureau
- temporarily withholding portion of funds
- other actions the TDH deems to be appropriate

**LEVEL III SANCTIONS**

- termination of all or part of the contract
- suspension of all or part of the TDH contract
- denial of contract renewal or future contract award for a period not to exceed five years
- reduction of contract funding amounts if the Contractor is not:
  - achieving or maintaining the proposed level of service, or
  - spending funds appropriately and at a rate which will make full use of the award, or
  - providing services as set out in the contract
- contract amendments resulting from noncompliance
- final notice of permanently withholding cash payments

Additional staff comments and concerns regarding this contractor, e.g., high staff turn over, other TDH Divisions consider contractor to be high priority, etc.

**Initials of Commenter:** \_\_\_\_\_      **Date:** \_\_\_\_\_

YES	NO	Regional Staff knowledge	DATE
		Have appropriate Regional staff been made aware of this priority rating?	

**This PAT has been reviewed by:**

**Field Operations Branch Manager:**

**Date:**

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**Planning Branch Manager:**

**Date:**

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**RPE Branch Manager:**

**Date:**

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**Clinical Resources Director:**

**Date:**

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